

10/568764

AP20 Rec'd PCT/PTO 21 FEB 2006

**Application Data Sheet**

**Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

YES

Computer Readable Form (CRF)?::

YES

Number of copies of CRF::

1

Title::

Diagnostics and Therapeutics For Diseases

Associated With Kallikrein 11 (KLK11)

004974.01101

Request for Early Publication?::

NO

Request for Non-Publication?::

NO

Suggested Drawing Figure::

Total Drawing Sheets::

2

Small Entity?::

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

NO

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Stefan
Middle Name::	
Family Name::	GOLZ
Name Suffix::	
City of Residence::	Essen
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Buckmannsmuhle 46
City of mailing address::	Essen
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	45326

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Ulf
Middle Name::	
Family Name::	BRÜGGEMEIER
Name Suffix::	
City of Residence::	Leichlingen
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Leysiefen 20
City of mailing address::	Leichlingen

State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Andreas  
Middle Name::  
Family Name:: GEERTS  
Name Suffix::  
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State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Schuckerstr. 29  
City of mailing address:: Wuppertal  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42113

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Stefanie  
Middle Name::  
Family Name:: POLEJ  
Name Suffix::  
City of Residence:: Radolfzell  
State or Province of Residence::

Country of Residence:: DE  
 Street of mailing address:: Feldstr 10  
 City of mailing address:: Radolfzell  
 State or Province of mailing address::  
 Country of mailing address:: DE  
 Postal or Zip Code of mailing address:: 78315

### **Correspondence Information**

Correspondence Customer Number:: 22907

### **Representative Information**

Representative Customer Number:: 22907

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP2004/009210	17 August 2004

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
EUROPE	03019801.4	30 August 2003	YES

Assignee Information

Assignee name::	BAYER HEALTHCARE AG
Street of mailing address::	
City of mailing address::	Leverkusen
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	D-51368